Specialty Training Requirements (STR)

Name of Specialty:	Internal Medicine
Chair of RAC:	Dr Endean Tan
Date of submission:	21 April 2025

Contents

Scope of Internal Medicine 2
Purpose of the Residency Programme 2
Admission Requirements 2
Selection Procedures 3
Less Than Full Time Training 3
Non-traditional Training Route 3
Separation 3
Duration of Specialty Training 4
"Make-up" Training 4
Learning Outcomes: Entrustable Professional Activities (EPAs) 4
Learning Outcomes: Core Competencies, Sub-competencies and Milestones 5
Learning Outcomes: Others 6
Curriculum 6
Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions 7
Learning Methods and Approaches: Clinical Experiences 7
Learning Methods and Approaches: Scholarly/Teaching Activities 8
Learning Methods and Approaches: Documentation of Learning 9
Summative Assessments 9

Scope of Internal Medicine

Internal Medicine (IM) is a discipline encompassing the study, diagnosis and treatment of conditions that affect the internal organs of men and women from adolescence to old age. The scope includes not only the diagnosis and treatment for all stages of internal illness but also the practice of health promotion and disease prevention. The discipline is centred on evidence-based scientific medical knowledge in problem-solving and decision-making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values. The disciplines of IM include General Medicine and Medical-related specialties.

Purpose of the Residency Programme

The objective of the programme is to provide residents with a broad-based training in various accredited disciplines of IM. At the end of residency training, the resident should be competent, acquired enough medical knowledge and clinical experience to manage patients with IM conditions, and would be ready then to embark on senior residency training in Advanced Internal Medicine or Medical-related specialties and subspecialties.

Admission Requirements

At the point of application for this residency programme,

a) applicants must be employed by employers endorsed by Ministry of Health (MOH), and

b) residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

c) Hold a local medical degree or a primary medical qualification registrable under the Medical Registration Act (Second Schedule);

d) Have completed Post-Graduate Year 1 (PGY1); and

e) Have a valid Conditional or Full Registration with Singapore Medical Council.

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by Ministry of Health Holdings (MOHH).

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he/she meets the following criteria:

a) He/she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres/countries where training may be recognised by the Specialist Accreditation Board (SAB)

b) His/her years of training are assessed to be equivalent to the local training by JCST and/or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 36 months.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme. The total candidature for IM specialty is 36 months IM residency + 36 months candidature.

"Make-up" Training

"Make-up" training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by the Clinical Competency Committee (CCC) and should depend on the duration away from training and/or the time deemed necessary for remediation in areas of deficiency. The CCC should review residents' progress at the end of the "make-up" training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and/or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 3A of the following EPAs by the end of residency training:

	Title
EPA 4	Managing medical patients in ambulatory care setting

Residents must achieve level 3B of the following EPAs by the end of residency training:

	Title
EPA 1	Managing patients in the medical inpatient ward
EPA 2	Performing medical bedside procedures
EPA 3	Managing acutely ill patients

Residents are not expected to achieve level 4 because they will continue to practice under indirect supervision when they become senior residents in residency programmes in Advanced Internal Medicine or Medical-related specialties and subspecialties.

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

1) Patient Care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate, and appropriate health management, maintenance, and prevention guidance

2) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care.

3) Systems-based Practice

Residents must demonstrate the ability to:

- Work effectively in various healthcare delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

4) Practice-based Learning and Improvement

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:

- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence
- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

5) Professionalism

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the SMC's Ethical Code and Ethical Guidelines (ECEG).

Residents must:

- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

6) Interpersonal and Communication Skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory Skills

Residents must demonstrate ability to:

- Teach others
- Supervise others

Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association.

Curriculum

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

The programme must provide regular formal teaching sessions and grant residents protected time to attend teaching. This includes didactic lectures or department CMEs (e.g. topic updates, journal clubs, radiology rounds, etc), and also small group bedside teachings (e.g. training in clinical skills of communications, physical examinations) or ward/clinic supervision.

The programme must provide opportunities for residents to interact with other residents and faculty members in educational sessions at a frequency sufficient for peer-peer and peer-faculty member interaction.

Patient-based teaching must include direct interaction between residents and attending physicians, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.

Teaching must be:

- Formally conducted on all inpatient and consultative services; and
- Conducted with a frequency and duration sufficient to ensure a meaningful and continuous teaching relationship between the assigned teaching attending and resident.

Residents must attain and maintain certification in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS).

Residents must attend weekly department-based teaching: M&M, radiology / imaging rounds, grand ward rounds, multidisciplinary rounds, case-based discussion, topic reviews.

In the event of a pandemic where face-to-face meeting is disallowed, the didactic sessions and courses should be conducted via virtual platforms.

Learning Methods and Approaches: Clinical Experiences

Residents must be rostered to do night calls and weekend rounds where they will be exposed to acute admissions and learn to make appropriate independent clinical decisions.

Residents must be rostered to ambulatory settings (specialist out-patient clinics) for at least 2 months during the 36 months of training, depending on the various medical specialties so as to be exposed to a different kind and level of medical care at ambulatory settings.

Residents must have the following core rotations of a total of minimum 15 months:

- General Medicine (Minimum: 6 months, Maximum: 12 months), preferably spread out over the 36 months of residency, with a compulsory 2 – 3 months in the 1st year. Increasing graded responsibilities should be assumed year on year;

- Cardiology (Minimum: 2 months, Maximum: 3 months);
- Respiratory Medicine (Minimum: 2 months, Maximum: 3 months);
- Neurology (Minimum: 2 months, Maximum: 3 months);
- Medical Intensive Care units (fixed 2 months);
- Geriatric Medicine (GRM) (Minimum: 1 month, Maximum: 3 months) – If the GRM rotation is between 2 months to 3 months, IM residents are allowed to do a maximum of 1 month of Medicine in the Community.

Residents can undergo elective rotations up to a total of 21 months in the following subspecialties:

- Endocrinology
- Haematology
- Gastroenterology
- Infectious diseases
- Renal Medicine
- Medical Oncology
- Rheumatology
- Dermatology
- Rehabilitation Medicine
- Palliative Medicine
- Clinical research
- Emergency Medicine (Maximum: 1 month)
- Home-based clinical care service (Maximum: 1 month)
- Other accredited posting (Maximum: 1 month), subject to IM RAC's approval

Each elective postings should not be less than 1 month and not more than 3 months, unless specified.

If cross institutional movement is restricted in the event of a pandemic, residents will try to fulfil their core postings in the same institution. If the planned posting cannot be done in that institution, the next best possible posting should be arranged.

Learning Methods and Approaches: Scholarly/Teaching Activities

Residents are encouraged to participate in a research or quality improvement project.

1.	*Teaching peers and medical students (Recommended)*	*Recommended to teach medical students and peers during ward rounds and during didactic sessions.*

Learning Methods and Approaches: Documentation of Learning

Residents must perform and log the following procedures:

No.	Procedure	Min. no. of procedures to be done over the 3 years
1	Thoracentesis / Chest Tube Insertion	3
2	Abdominal tap	3
3	Arterial line placement	5
4	Central line placement	5
5	Lumbar puncture	5
6	Endotracheal intubation	5

Case logs should be electronically documented on the National IT Training and Assessment System (e.g., MedHub).

Summative Assessments

To exit, the residents must complete and pass the following summative assessments:

<table>
<tr><td></td><td colspan="2">Summative assessments</td></tr>
<tr><td></td><td>Clinical, patient-facing, psychomotor skills etc.</td><td>Cognitive, written etc.</td></tr>
<tr><td>R3</td><td rowspan="2">Joint Final MMed (IM)/ MRCP (UK) PACES – 5 stations (half-day examination)</td><td rowspan="3">Joint Primary MMed (IM)/ MRCP Part 1 – 2 papers: 100 MCQs, 3 hours each

Joint Final MMed (IM)/ MRCP Part 2 Written – 2 papers: 100 MCQs, 3 hours each</td></tr>
<tr><td>R2</td></tr>
<tr><td>R1</td><td>Nil</td></tr>
</table>

This table maps the learning outcomes to the summative assessment components:

S/N	**Learning outcomes**	**Summative assessment components**		
		Joint Primary MMed (IM) / MRCP Part 1 Written	Joint Final MMed (IM) / MRCP Part 2 Written	Joint Final MMed (IM) / MRCP (UK) PACES
1	EPA 1: Managing patients in the medical inpatient ward	✓	✓	✓
2	EPA 2: Performing medical bedside procedures	✓	✓	
3	EPA 3: Managing acutely ill patients	✓	✓	
4	EPA 4: Managing medical patients in ambulatory care setting	✓	✓	✓

*Refer to *section D.R7* for details of programme of WBAs and corresponding learning outcomes. The data contributed by individual WBAs within the resident's portfolio will be reviewed by a committee of faculty members on a 6 monthly basis during the resident's learning journey. The appointed committee will decide on the resident's fitness to progress to the next phase of training after appraising the pooled data. The individual training programme can thus make a summative decision of the resident's level of entrustment for each EPA outcome, vis-a-vis their performance in the other indicated summative assessments (e.g. MRCP(UK) PACES).